

**OFFICE USE ONLY:**

**DATE FILED:** \_\_\_\_\_  
**REVISION FEE:** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_  
**RECEIPT #** \_\_\_\_\_



**PLANNING & DEVELOPMENT SERVICES**  
**BUILDING & CODE REGULATION DIVISION**  
2300 VIRGINIA AVENUE  
FORT PIERCE, FL 34982-5652  
(772) 462-1553

**APPLICATION FOR BUILDING PERMIT REVISIONS**  
**PROJECT INFORMATION**

**1. LOCATION/SITE**  
**ADDRESS:** \_\_\_\_\_

**2. DETAILED DESCRIPTION OF PROJECT**  
**REVISIONS:**

**3. CONTRACTOR INFORMATION:**

**STATE of FL REG./CERT. #:** \_\_\_\_\_ **ST. LUCIE COUNTY CERT. #:** \_\_\_\_\_  
**BUSINESS NAME:** \_\_\_\_\_  
**QUALIFIERS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE (DAYTIME):** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**4. OWNER/BUILDER INFORMATION:**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**5. ARCHITECT/ENGINEER INFORMATION:**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE (DAYTIME):** \_\_\_\_\_ **FAX:** \_\_\_\_\_